MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07226

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2 hrs. 16 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Twin Baker No. 1

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-20-49

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 9 Min. 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Baker

14. MOTHER'S MAIDEN NAME: Mary Elsie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT: Mr. John W. Baker (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 **Immediate cause** (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

760a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1949, to 7-20, 1949, that I last saw the deceased alive on 7-20, 1949, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ben Ford M.D. ADDRESS Peninsula General Hosp. DATE SIGNED 7-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/21-49 — NAME OF CEMETERY OR CREMATORY: Grace Cemetery — LOCATION (City, town, or county) (State): Pittsville Wicomico Md.

DATE REC'D BY LOCAL REG.: July 21, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Wm. Leonard Wells — ADDRESS: Pittsville Md.

RECEIVED
JUL 25 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07227

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Baker Twin No II

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 20, 1949
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours 12 Min. 34

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Baker
14. MOTHER'S MAIDEN NAME Anna Mae Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John W. Baker (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Pulmonary atelectasis

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20-, 1949, to 7-21, 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 2 42 A m., from the causes and on the date stated above.

SIGNATURE Ben Gold, M.D. (Degree or title) ADDRESS Peninsula General Hosp. DATE SIGNED 7-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/21-49
NAME OF CEMETERY OR CREMATORY Grace Rem
LOCATION (City, town, or county) (State) Pittsville Wicomico Md

DATE REC'D BY LOCAL REG. July 21, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Wm. Howard Wills ADDRESS Pittsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1949
BUREAU T. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07228

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 407 S. Ruth Street

3. NAME OF DECEASED (Type or Print): (First) Cyrus (Middle) Burton (Last) Baker
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 1, 1872
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Candies
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Merrell Baker
14. MOTHER'S MAIDEN NAME: Mary Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214-10-6423
17. INFORMANT: Francis C. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1949, to 7/8, 1949, that I last saw the deceased alive on 7/6, 1949, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE Lloyd L. Brame (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 7-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/11/49 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. July 12, 1949 | REGISTRAR'S SIGNATURE Louise Strong Taylor | 24. FUNERAL DIRECTOR H. E. Hill & Johnson Co | ADDRESS Salisbury Md.

VS. A15

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

07229

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke md; STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print): (First) Silas; (Middle) S; (Last) Blake

4. DATE OF DEATH: (Month) July; (Day) 5; (Year) 1949

5. SEX: male

6. COLOR OR RACE: a. a.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: about 1869

9. AGE last birthday: 80 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: don't know

17. INFORMANT: Mrs. Gertrude Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593 Immediate cause (a) Uraemia — Interval Between Onset and Death: 2 days

132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis

(c) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Salisbury (CITY OR TOWN) Wicomico (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949 to July 5, 1949, that I last saw the deceased alive on July 2, 1949 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Semble MD — ADDRESS: Salisbury md — DATE SIGNED: 7/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6, 1949 — NAME OF CEMETERY OR CREMATORY: Public — LOCATION (City, town, or county) (State): Salisbury md

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 6, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: James R. Stewart — ADDRESS: Salisbury Md

VS. A15

RECEIVED
JUL 8 1949
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07230

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 413. Washington St.

3. NAME OF DECEASED (Type or Print) (First) Rufus (Middle) George (Last) Boyman

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 28-1861
9. AGE last birthday 87 yrs. If under 1 year Months 10 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somerset Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John William Boyman
14. MOTHER'S MAIDEN NAME Mary Dorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Oscar D. Boyman (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

611 Immediate cause (a) Heart Failure. 1 yr.

132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis ~~[illegible]~~ following Prostatitis (Prostate removed + hasn't been next since)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1949, to July 26 1949 that I last saw the deceased alive on July 21, 1949, and that death occurred at 11.40 a m., from the causes and on the date stated above.

SIGNATURE C. Heart Mr. (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 7-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22-49
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. July 21, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

RECEIVED
JUL 25 1949
BUREAU V. S.

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07231

CERTIFICATE OF DEATH

Reg. Dist. No. 332

File No. B 121 SEP 14 1949

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 116 New York ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Brumley
4. DATE OF DEATH: (Month) July (Day) 27th (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 10-1865 | 9. AGE last birthday 84 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fisherman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Wicomico Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Brumley | 14. MOTHER'S MAIDEN NAME Amelia Willing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Marie Connelley Daughter

18. MEDICAL CERTIFICATION — 116 New York ave Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

420.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18th, 1949, to July 27, 1949 that I last saw the deceased alive on July 26th, 1949, and that death occurred at 8:53 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. T. Tucker M.D. — ADDRESS Salisbury Md — DATE SIGNED 7-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 29-49 | NAME OF CEMETERY OR CREMATORY Parsons Cem. | LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. July 28, 1949 | REGISTRAR'S SIGNATURE Louise Strong Taylor | 24. FUNERAL DIRECTOR Holloway & Co. — ADDRESS Salisbury Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1949
BUREAU U. S.

07232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R D #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) R D #1.

3. NAME OF DECEASED (Type or Print): (First) Kate or Katherine (Middle) Frances (Last) Carlton

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1949

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Nov. 24 1889 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baldwin New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lewis Goldbach
14. MOTHER'S MAIDEN NAME: Johanna Christian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Harvey H. Carlton (Husband) R.D. #1. Hebron Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	
	(c) Arteriosclerosis	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4th, 1949, to July 22nd, 1949, that I last saw the deceased alive on July 22nd, 1949, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William Emrich M.D | Hebron - Md. | July 24th 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 27-49 | NAME OF CEMETERY OR CREMATORY: Evergreen Cem. | LOCATION (City, town, or county): Hempstead (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 25, 1949 | REGISTRAR'S SIGNATURE: Bruce Strong Taylor

24. FUNERAL DIRECTOR: Holloway & C. Salisbury | ADDRESS: Md.
Walter R. Holloway

VS. A15

RECEIVED
JUL 27 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07233

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) about 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 512 W. Isabella Street

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Church
4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-9-1889
9. AGE last birthday: 60 yrs. — If under 1 year: Months 0, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Wesley Elzey
14. MOTHER'S MAIDEN NAME: Harriet E. Deshield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Mildred Collins -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Fred D. Browne | M.D. | Salisbury Md | 7/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-8-49 | NAME OF CEMETERY OR CREMATORY: Houston Cemetery | LOCATION (City, town, or county): Salisbury | (State): Md

DATE REC'D BY LOCAL REG.: July 7, 1949 | REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR | ADDRESS: James F. Stewart, 402 E. Church St. Salisbury, Md.

RECEIVED
JUL 9 1949
BUREAU V. S.

07234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville No. 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS No	STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Collins

4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1949

5. SEX Male

6. COLOR OR RACE a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH about 1889

9. AGE last birthday about 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Sarah Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 217-14-8061

17. INFORMANT Eva Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach — 6 mos

151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

46 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION unknown

19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from none, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

LaRademaker M.D. Deptty Med Exam Salisbury Md 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7-28-49 — NAME OF CEMETERY OR ~~CREMATORY~~ Taylor's Gate — LOCATION (City, town, or county) near Snow Hill (State) Md.

DATE REC'D BY LOCAL REG. July 27, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR James F. Stewart, ADDRESS 402 E. Church St Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07235

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.B. Hoyt

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   STREET ADDRESS (If rural, give location): 108 West Chestnut St.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Anna (Last) Culver
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: Sept. 24-1865
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md. Salisbury
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William M. Goslee
14. MOTHER'S MAIDEN NAME: Hester A. Polkinhaut
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs. Rose A. Smith (Sister) 710 E. Church St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subtrochanteric fracture left femur	32 days
	(c)	

903.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Salisbury — (COUNTY): Wicomico — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 2 - 49 6 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? slipped and fell

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. A. Rademaker — (Degree or title): M.D. Deputy Med Exr — ADDRESS: 502 No Lib. St Salisbury Md — DATE SIGNED: 7/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6-49 — NAME OF CEMETERY OR CREMATORY: Parsons Cem — LOCATION (City, town, or county): Salisbury Md (State)

DATE REC'D BY LOCAL REG.: July 5, 1949 — REGISTRAR'S SIGNATURE: Bodine Strong Taylor — 24. FUNERAL DIRECTOR: Holloway Co. — ADDRESS: Salisbury Md
Walter R. Holloway

VS. A15A

RECEIVED
JUL 7 1949
BUREAU V. S.

Mr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07236

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) M. (Last) Dolby
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH about 1879 unknown
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. J. Dolby
14. MOTHER'S MAIDEN NAME Lina Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Maude Dolby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Myocardial Insufficiency	Symptoms 3 months
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	Symptoms 1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis; Uremia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED July 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9, 1949
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) (State) Laurel, Delaware

DATE REC'D BY LOCAL REG. July 7, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR J. Harvey Williamson, ADDRESS Federalsburg Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07237

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 408 Washington St.

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) KUEBLER (Last) EBERSPACHER

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5/23/1869

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Kuebler

14. MOTHER'S MAIDEN NAME: Cristine Bernhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Bertha E. Eiermann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic heart disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 7/20, 1949, to 7/31, 1949, that I last saw the deceased alive on 7/31, 1949, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred R. Gramse M.D. Salisbury Md 8/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-3-49	Vienna Cemetery	Near Vienna Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 1, 1949	Louise Strong Taylor	Decomptis Funeral Parlor	Cambridge Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1949
BUREAU V. S.

07238

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) RD #1.

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Wesley (Last) Goslee

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 25-1865
9. AGE last birthday 83 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Hebron Md.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Arson Goslee
14. MOTHER'S MAIDEN NAME Elizabeth Jane Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Eva Goslee (Wife) RD. #1. Hebron Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585 Immediate cause (a) Acute Cholecystitis c̄ peritonitis — INTERVAL BETWEEN ONSET AND DEATH 5 days

127a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency — 3 none

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1949, to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F A Rademaker MD — ADDRESS 502 No Hw Salisbury Md — DATE SIGNED 7/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF July 12.49
NAME OF CEMETERY OR CREMATORY Mardela Cem.
LOCATION (City, town, or county) Mardela (State) Md

DATE REC'D BY LOCAL REG. July 12, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md
Walter R. Holloway
ADDRESS

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07239

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke; MARYLAND; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke; STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MERICAN (Last) MESSICK

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 10, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months 2, Days 2, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nanticoke, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Messick

14. MOTHER'S MAIDEN NAME: Mary Barclay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Hannah Pollie Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 1 week.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to July 12, 1949 that I last saw the deceased alive on 12 July, 1949, and that death occurred at ... P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald H. Saunders M.D. ADDRESS Nanticoke Md. DATE SIGNED 7-13-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE July 14, 1949; NAME OF CEMETERY OR CREMATORY Tussers cemetery; LOCATION (City, town, or county) Nanticoke (State) Md.

DATE REC'D BY LOCAL REG. July 13, 1949; REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR C. T. Messick; ADDRESS Bivalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

07240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sau Domingo

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown - Rural
STREET ADDRESS (If rural give location) Sau Domingo

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A. (Last) Moore
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH September 4, 1876
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Wicomico County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William T. Moore
14. MOTHER'S MAIDEN NAME Janie Woolford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT William F. Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 Immediate cause (a) Arteriosclerosis

85 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to July 19, 1949, that I last saw the deceased alive on 7/18, 1949, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H S Kuhlman MD. ADDRESS Sharptown, Md DATE SIGNED 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22, 1949
NAME OF CEMETERY OR CREMATORY Sau Domingo Cemetery
LOCATION (City, town, or county) (State) Near Sharptown, Maryland
DATE REC'D BY LOCAL REG. July 22, 1949
REGISTRAR'S SIGNATURE Walter G. Mann
24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

117241

Reg. Dist. No. 332

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Robert (Last) Parker

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: oct 12, 1942

9. AGE last birthday: 6 yrs. — If under 1 year: Months 9, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Powellville, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Edgar Parker

14. MOTHER'S MAIDEN NAME: Ida Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: George Edgar Parker (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

919.0 **Immediate cause** (a) Gunshot wound of Brain — instantly death

184 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None
(CITY OR TOWN) Powellville (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) 7 (Day) 30 (Year) 49 (Hour) 1:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gun shot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Wademaker MD (Degree or title) Deputy Med Exam ADDRESS Salisbury, Md DATE SIGNED 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF aug 1 1949 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cem. — LOCATION (City, town, or county) Near Powellville (State) Md

DATE REC'D BY LOCAL REG. Aug. 1, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Co — ADDRESS Salisbury, Md
Walter R Holloway

VS. A15A

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17242

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsberg; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsberg md; STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Blondell (Last) Parker

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: female

6. COLOR OR RACE: Col-

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 13-1942

9. AGE last birthday: 7 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no

10b. KIND OF BUSINESS OR INDUSTRY: no

11. BIRTHPLACE (State or foreign country): Wicomico Co md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Monroe Parker

14. MOTHER'S MAIDEN NAME: Dorthy Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs Dorthy Ewell Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
570.0 Immediate cause	(a) Peritonitis	2 days
1220 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intussusception	12 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 4½ a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Purnell, M.D. ADDRESS Salisbury, md DATE SIGNED 7-6-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 7-7-49; NAME OF CEMETERY OR CREMATORY Glen Hill; LOCATION (City, town, or county) (State) Parsonsberg Md.

DATE REC'D BY LOCAL REG. July 6, 1949; REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR James F. Stewart; ADDRESS Salisbury Md.

RECEIVED
JUL 8 1949
BUREAU V. S.

M

Dr. Hearn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07243

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 907 E. Church St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Parsons

4. DATE OF DEATH (Month) July (Day) 9th (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 3-1880

9. AGE last birthday - 69 yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) R.D. Salisbury Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ebenezer Driscoll

14. MOTHER'S MAIDEN NAME Julia Anne ~~[illegible]~~ Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT Mr. Asbury Parsons (Husband) 907 E. Church St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis for 4-5 years.

93d (c) Myocardial Clot 3 Mos before death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 8 55 a.m., from the causes and on the date stated above.

SIGNATURE C. Hearn M.D. (Degree or title) ADDRESS 203 W Church St Salisbury DATE SIGNED 7/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 11-49 NAME OF CEMETERY OR CREMATORY Bethel Cem. LOCATION (City, town, or county) Walstons Md (State)

DATE REC'D BY LOCAL REG. July 11, 1949 REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 13 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07244

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (In this place): 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): Calvert St

3. NAME OF DECEASED (Type or Print): (First) Elena; (Middle); (Last) Perdue

4. DATE OF DEATH: (Month) 7; (Day) 10; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 22/1869

9. AGE last birthday: 80 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Washington Cards

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bayard Perdue

14. MOTHER'S MAIDEN NAME: Sarah Catherine Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen Perdue

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a

(b) Cerebrovascular Renal disease — Interval Between Onset and Death: 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ **CAUSE OF DEATH.**: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Allen Lauderman — (Degree or title) MD — **ADDRESS** 502 N. Division St Salisbury MD — **DATE SIGNED** 7/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 7/14/49 — **NAME OF CEMETERY OR CREMATORY**: Parsons Cemetery — **LOCATION (City, town, or county) (State)**: Salisbury MD

DATE REC'D BY LOCAL REG.: July 14, 1949 — **REGISTRAR'S SIGNATURE**: Louise Strong Taylor — **24. FUNERAL DIRECTOR**: The Hill & Johnson Co — **ADDRESS**: Salisbury

RECEIVED
JUL 1[illegible] 1949
BUREAU V. S.

mw

M

07245

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 26 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) C. (Last) Pilchard

4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH Sept 28, 1882
9. AGE last birthday 66 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Stockton, Worcester Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Major Washington Pilchard
14. MOTHER'S MAIDEN NAME Annie F. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Lottie Pilchard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Retroperitoned Hemorrhage	26 hrs
812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured urethra	26 hrs
170c	(c) Fractured pelvis	26 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 7 (Day) 12 (Year) 49 (Hour) 8 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? stepped in front of car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Jallademaker (Degree or title) MD ADDRESS 502 No. Wis St Salisbury Md DATE SIGNED 7/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17-1949
NAME OF CEMETERY OR CREMATORY Rimson M.E. Cemetery
LOCATION (City, town, or county) Pocomoke Md. (State) Rural

DATE REC'D BY LOCAL REG. July 16, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

RECEIVED
JUL 19 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17246

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General	STREET ADDRESS (If rural, give location) 600 S. 2nd St.

3. NAME OF DECEASED (Type or Print)	(First) Mitchell	(Middle) MONROE	(Last) POTE	4. DATE OF DEATH	(Month) 7-	(Day) 23-	(Year) 1949	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 6 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Worton Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edwin Pote		14. MOTHER'S MAIDEN NAME Savina Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lorna Pote

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Thrombosis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Symptoms 2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Artery Thrombosis	Symptoms 2 yrs.

332 94a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 23, 1949, to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 2 24 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Gilmore	M.D.	Salisbury Md.	July 23 1949

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-26-49	Mt. Hope Methodist	Delmar	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 26, 1949	Louise Strong Taylor	W. S. Gaskill & Co.	Delmar Del.

RECEIVED
1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

117247

CERTIFICATE OF DEATH

Reg. Dist. No. 336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 7yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Adams St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 209 Adams St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Powell

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 6, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac W Silliman

14. MOTHER'S MAIDEN NAME: Martha Silliman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: NO

17. INFORMANT: Mrs. Charles N. Covington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 days

331 / 92d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Chronic Valvular Heart Disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29/49, to 7/30/49, that I last saw the deceased alive on 7/29/49, and that death occurred at 8.50 a.m., from the causes and on the date stated above.

SIGNATURE: Isaac R Mann — (Degree or title) M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 7/31/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/1/49 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 2 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor — 24. FUNERAL DIRECTOR: The Hall & Johnson Co. — ADDRESS: Salisbury Md.

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07248

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15A

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
MARYLAND
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Sylvester (Last) Price

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-16-24

9. AGE last birthday: 25 yrs. If under 1 year: Months 4, Days 12. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Creosote Plant

11. BIRTHPLACE (State or foreign country): Quantico, Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Claude C. Price

14. MOTHER'S MAIDEN NAME: Carrie West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 220-12-1799

17. INFORMANT: Mrs. Carrie Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
976 **Immediate cause**	(a) Bullet wound of Heart	Sudden death
164C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Duodenal ulcer — 1 year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Quantico (COUNTY): Wicomico (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 28 49 6 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: shot himself -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: J. A. Rademacher (Degree or title): M.D. ADDRESS: 502 No Div Salisbury DATE SIGNED: 7/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7-31-49
NAME OF CEMETERY OR CREMATORY: Quantico Church yard
LOCATION (City, town, or county): Quantico, Md (State):

DATE REC'D BY LOCAL REG.: July 30, 1949
REGISTRAR'S SIGNATURE: Louise Strong Taylor
24. FUNERAL DIRECTOR: James F. Stewart
ADDRESS: 402 E. Church St. Salisbury, Maryland

RECEIVED
AUG 2 1949
BUREAU V. S.

07249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) C. (Last) Riley
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 13-1876
9. AGE last birthday 73-5-12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Sinepuxent Bay
11. BIRTHPLACE (State or foreign country) Girdletree Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James E. Riley
14. MOTHER'S MAIDEN NAME Mollie Stanford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT M Leonard W. Riley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 1 year

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46g (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-21-49
19b. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancreas
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1949, to 7-25, 1949, that I last saw the deceased alive on 7-25, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE H. A. Beile (Degree or title) MD ADDRESS 504 N Division St. DATE SIGNED 7-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 28/49
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town, or county) Girdletree (State) Md

DATE REC'D BY LOCAL REG. July 29, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Clay E. Vanna ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07250

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): Westover Hills

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) — (Last) Scott

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1912

9. AGE last birthday: 37 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: —

17. INFORMANT: Cecil Frazier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ **CAUSE OF DEATH.**

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rademaker	M.D.	City Med Exam Salisbury Md	8/3/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 3. 1949	Public	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug-3, 1949	Louise Strong Taylor	Booker M. Leach	Salisbury Md.

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07251

Reg. Dist. No. 332

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden, Rt. 2
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden, Rt. 2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Marion (Last) Shores

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months. 11 Days. 7 If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroading

10b. KIND OF BUSINESS OR INDUSTRY: Railroading

11. BIRTHPLACE (State or foreign country): Deal Island, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Shores

14. MOTHER'S MAIDEN NAME: Mary Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 716-03-1394

17. INFORMANT: Beatrice Shores

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

145 Immediate cause (a) Carcinoma of tonsil

Antecedent cause(s)

45f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr -, 1948, to July 2, 1949, that I last saw the deceased alive on June 28, 1949, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE: Eliza Tuck (Degree or title: M.D.) ADDRESS: Salisbury Md DATE SIGNED: 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7-5-49

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: July 5, 1949

REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Lewis R. Wilson

ADDRESS: Princess Anne, Maryland

RECEIVED
JUL 7 1949
BUREAU V. S.

07252

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #2; Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #2; Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) SALLIE	(Middle) ELIZABETH	(Last) SMACK	4. DATE OF DEATH	(Month) July	(Day) 31	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 1/14/76	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Wango, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Burton Arvey	14. MOTHER'S MAIDEN NAME Ellen Williams						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ottis Bozman (Daughter)					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	Sudden death
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None	(CITY OR TOWN) Salisbury	(COUNTY) Wicomico	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J A Rademaker	M.D. Dep. Med Exam	Salisbury Md	8/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 3, 49	NAME OF CEMETERY OR CREMATORY St. John's Cem.	LOCATION (City, town, or county) Powellville	(State) Md.
DATE REC'D BY LOCAL REG. Aug. 2, 1949	REGISTRAR'S SIGNATURE Louise Strong Taylor	24. FUNERAL DIRECTOR Holloway & C. Salisbury Md. Walter R. Holloway	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07253

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH:
County: Wicomico
City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, Institution, or street address where death occurred: Delmar, R.F.D #3
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Delmar R.D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Ellen Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Harold E. Smith
6.(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.): Nov. 18, 1888 (1888)

8. AGE: Years	Months	Days	If less than one day
60			hrs. min.

9. Birthplace: Delmar, Del (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER 12. Name	Thomas Staton Culver
13. Birthplace	Delmar Del
MOTHER 14. Maiden name	Jenny Lee Vendsor
15. Birthplace	Laurel, Del

16. Informant: Harold E. Smith
Address: Delmar, Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31, 1949 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cem.
Location: Delmar, Del
18. Funeral director: W. L. Mavel Co
Address: Delmar, Del.
19. July 30, 1949 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1949, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1949 to July 29 1949
and that I last saw h[illegible] alive on July 26 1949

Immediate cause of death	DURATION
Pneumonia	2 Days
Due to Hypertension & Nature Kidney	6 yrs.
Due to	
Other conditions 420.1 940	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. H. Ford M. D. or other
Address: Delmar Del Date signed 7-30-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07254

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Minnie (Last) Stanford

4. DATE OF DEATH: (Month) 7 (Dey) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1881

9. AGE last birthday: about 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory

10b. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): Allen Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Deshields

14. MOTHER'S MAIDEN NAME: Sarah Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 219-05-9317

17. INFORMANT: Mrs. Sedonia Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

962.9 120a

Immediate cause (a) Diarhea — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Thermal Changes — Interval Between Onset and Death: Week

(c) Serve 3rd Degree Burn — Interval Between Onset and Death: 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Fruitland (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to July 26, 1949 that I last saw the deceased alive on July 25 1949, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: Herbert Semble (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 7/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7-31-49 — NAME OF CEMETERY OR CREMATORY Mt. Olive — LOCATION (City, town, or county) Fruitland, (State) Md.

DATE REC'D BY LOCAL REG. July 30, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR: James F. Stewart — ADDRESS 402 E. Church St. Salisbury, Maryland

RECEIVED
AUG 2 1949
BUREAU V. S.

Lawry

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07255

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden; STREET ADDRESS (If rural, give location) RD#1. (Meadow Bridge Road)

3. NAME OF DECEASED (Typo or Print): (First) Willie (Middle) Edward (Last) Townsend

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2-1893

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days 11 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry J. W. Townsend

14. MOTHER'S MAIDEN NAME: Alice Denston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Edith C. Townsend (wife)

18. MEDICAL CERTIFICATION — RD#1. Eden Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Vessel Occlusion — Interval Between Onset and Death: 1 day

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1949, to 7-13-, 19....., that I last saw the deceased alive on 7-13-, 1949, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE L. L. Lawry M.D. (Degree or title) — ADDRESS Princess Anne Md. — DATE SIGNED 7-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-17-49 — NAME OF CEMETERY OR CREMATORY Asbury Church Cem. — LOCATION (City, town, or county) Pocomoke City (State) Md.

DATE REC'D BY LOCAL REG. July 15, 1949 — REGISTRAR'S SIGNATURE Bobbie Strong Taylor

24. FUNERAL DIRECTOR Holloway & Salisbury — ADDRESS Md.

Walter R. Holloway

VS. A15

RECEIVED
JUL 12 1919
BUREAU P. O.

M

07256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS RD #1. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) White
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 9-1866
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Pittsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stephen P.D. Moore
14. MOTHER'S MAIDEN NAME Sallie Truitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs. Matilda Powell (sister) Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Myocarditis (chronic)	4 yrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Pittsville (COUNTY) Wicomico (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1945, 19....., to day of death, that I last saw the deceased alive on 7-6-49, 19....., and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Frank R. Lewis (Degree or title) M.D. ADDRESS Willards Maryland DATE SIGNED 7-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 8-49
NAME OF CEMETERY OR CREMATORY Moore Cem.
LOCATION (City, town, or county) Near Pittsville (State) Md.

DATE REC'D BY LOCAL REG. July 7, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 9 1949
BUREAU V. S.

07257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rural — LENGTH OF STAY (in this place) 47	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #2 (Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Rd.	STREET ADDRESS (If rural, give location) Route #2 (Spring Hill Rd.)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Thomas (Last) Williams — 4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1949

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH Feb 5, 1902 — 9. AGE last birthday 47 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming — 10b. KIND OF BUSINESS OR INDUSTRY Farming — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry K. Williams — 14. MOTHER'S MAIDEN NAME Elizabeth L. Waller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs. Robert T. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to July 6th, 1949, that I last saw the deceased alive on July 6th, 1949, and that death occurred at 5.20 A.m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) MID — ADDRESS Helsen - Md — DATE SIGNED July 8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7/9/49 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. July 9, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor — 24. FUNERAL DIRECTOR The Hill & Johnson Co — ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.